Date: March 26, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Coliff & Berridge, plc

막.O. Box 19928 Alexandria, Virginia 22320

Telephone: (703) 836-6400 Facsimile: (703) 836-2787

Customer Number: 25944

Alexandria, VA 22313-1450

Commissioner for Patents

MAIL STOP PATENT APPLICATION

Attorney Docket No.: 119260

NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)**

Sir:

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Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title):

P.O. Box 1450

IMAGE FORMATION APPARATUS AND RECOVERY EJECTION METHOD OF PRINT

HEAD

Ry (Inventors)

Atsuhisa NAKASHIMA

Dy (1	TVGIIIOIS).
\boxtimes	Formal drawings (Figs. 1-10; 9 sheets) are attached.
	Use Figure for front page of Publication.
	A Declaration and Power of Attorney is filed herewith.
	This application claims benefit of Provisional Application No. filed
	(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
\boxtimes	This patent application is assigned to BROTHER KOGYO KABUSHIKI KAISHA.
	The executed Assignment is filed herewith.
	An Information Disclosure Statement is filed herewith.
	Entitlement to small entity status is hereby asserted.
	A Preliminary Amendment is filed herewith.
\boxtimes	Priority of foreign application No. 2003-088721 filed March 27, 2003 in Japan is claimed (35 U.S.C. §119).
	A certified copy of the above corresponding foreign application is filed herewith.
	This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies that
	the invention disclosed in this application has not and will not be the subject of an application filed in another country, or
	under a multilateral international agreement, that requires publication of applications 18 months after filing.
\boxtimes	The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA		
BASIC FEE				
TOTAL CLAIMS	23 - 20	= 3*		
INDEP CLAIMS	3 - 3	= 0*		
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED				

^{*} If the difference is less than zero, enter "0".

SMALL ENTITY				
RATE	FEE	<u>OR</u>		
	\$ 385	<u>OR</u>		
x 9=	\$	<u>OR</u>		
x 43 =	\$	<u>OR</u>		
+ 145 =	\$	<u>OR</u>		
TOTAL	\$	<u>OR</u>		
iling fee is at	ached. Exc	ept as o		

OTHER THAN A **SMALL ENTITY**

RATE	FEE	
	\$ 770	
x 18	\$ 54	
x 86	\$	
+ 290	\$	
TOTAL	\$ 824	

Check No. 152570 in the amount of \$824.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

gistration No

Joel S. Armstrong Registration No. 36,430